## Attachment A **VERIFICATION**

STATE OF		a a			
STATE OF	)	SS			
On thissubscriber, a Notary Poor of individual who is significant ofsuch or having present document to be [his or [type of filer, e.g. corp individual is in [his or best of [his or her] knows the subscriber of the	Ing, e.g., Preside [name of comp ed to me satisfact her] act and decoration, limited her] own proper [type of filing	ent, Vice Presidency or entity to ctory evidenced and the act liabilty comport handwriting, e.g., applicator,	ident, Sole Mem that is filing], kr e of identity, and and deed of suc any, etc.], that th , and that the faction, petition, etc.	aber/Manager, Transown to me person discontinuous description of the signature of sure to set forth in this	ustee, etc.] nally to be his ch
		Signati	are of individual		
SIGNED AND SWOI 20, by	RN (OR AFFIF	RMED) before	e me on this	_day of	
Signature of Notarial (	Officer	-	SEAL		
Title (e.g., Notary Pub	lic)				
My Commission Expir	es:				
	, 20				